

**MISSOURI STATE BOARD OF HEALTH**  
**BUREAU OF VITAL STATISTICS**  
**CERTIFICATE OF DEATH**

Do not use this space.

**1. PLACE OF DEATH**

County Lawrence

Township Red Oak

City       

Registration District No. 1004

Primary Registration District No. 2631

File No. 38085

Registered No. 14

St.       

Ward       

**2. FULL NAME**

(a) Residence, No.       

St.       

Ward.       

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs.    mos.    ds.

How long in U. S., if of foreign birth?

yrs.    mos.    ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX M

4. COLOR OR RACE W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF       

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 28 - 1910

7. AGE

YEARS 27

MONTHS 7

DAYS 9

If LESS than 1 day,    hrs.    or    min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School Teacher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.       

10. Date deceased last worked at this occupation (month and year)       

11. Total time (years) spent in this occupation       

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dade County Mo

13. NAME J. L. Olson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lawrence Co Mo

15. MAIDEN NAME Vesta Everett

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dade Co Mo

17. INFORMANT (ADDRESS) J. L. Olson Lockwood Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Shippensburg

DATE Oct 9

19. UNDERTAKER (ADDRESS) J. B. Ray Baldwin Lockwood Mo

20. FILED Oct 12 1937

Alta Wilson

Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 7, 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 3, 1937, to Oct 7, 1937.

I last saw him alive on Oct 7, 1937. Death is said

to have occurred on the date stated above, at 2 P. m.

The principal cause of death and related causes of importance were as follows:

Date of onset

malignant endocarditis Sept. 25, 1937

Other contributory causes of importance:

Name of operation       

Date of       

What test confirmed diagnosis?       

Was there an autopsy?       

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?        Date of injury       , 19      

Where did injury occur?       

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury       

Nature of injury       

24. Was disease or injury in any way related to occupation of deceased?       

If so, specify       

(Signed) J. B. Fountain D.O., M.D.

(Address) Lockwood, Mo

